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The Influence of Mother's Characteristics, Facilities, and Reinforcing Factors on Giving Complete Basic Immunization to Infants

Indri Hardiyanti[1], Asfriyati[2], Sri Rahayu Sanusi[3]

[1,2,3] Universitas Sumatera Utara, Jalan Dr. T. Mansur No.9, Kel. Padang Bulan

Email corespondensi: Indrihardiyanti78@gmail.com

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Abstract

The coverage of complete basic immunization in Indonesia still has not reached the Strategic Plan target of 92.9%. IDL coverage at Sadabuan Health Center of 86,5% is still low and far from the immunization target set at 95%. The purpose of this study was to determine the effect of maternal characteristics (occupation and parity), enablers (knowledge and trust), and reinforcers (husband support and health worker support) on the provision of complete basic immunization in infants at the Sadabuan Health Center. The research method used was analytic observational with a quantitative research approach using a case control study research design. This research was conducted at the Sadabuan Health Center. This research was conducted from June 2022 to January 2023. The sample in this study was 148 people, consisting of 74 case samples and 74 control samples. The sampling technique used purposive sampling. Data analysis Univariate analysis with descriptive, bivariate analysis with chi-square test and multivariate analysis with multiple logistic regression test. The results of this study, There is a relationship between knowledge and the provision of complete basic immunization in infants at the Sadabuan Health Center (p-value=0,042; OR=6,411; 95% CI=0,756-54,890). There is a relationship between husband support and the provision of complete basic immunization in infants at the Sadabuan Health Center (p-value=0.001; OR=15,377; 95% CI=5,567-42,473). There is a relationship between the help of health workers with the provision of complete basic immunization in infants at the Sadabuan Health Center (p-value=0.003; OR=11,406; 95% CI=1,421-91,561). There is an influence of knowledge, husband support, and health worker support on the provision of complete basic immunization, which is 0.693 x 100% = 69.3%. Suggestions to health workers to provide counseling about complete basic immunization to mothers who have children under five to increase maternal knowledge about the importance of immunization in children.

Keywords: Complete Basic Immunization, Public Health Center

INTRODUCTION

Immunization is an effort to provide immunity to infants and children by injecting vaccines into the body. Vaccination aims to make the body produce antibodies that prevent the threat of certain diseases (Yuliana, 2018). Based on Health Law Number 36 of 2009, the government must provide complete immunization to all infants and children. This immunization is implemented in the Decree of the Minister of Health Number 12 of 2017, issued on April 11, 2017 (Kemenkes RI, 2020).

According to the 2020 WHO report, 20 million children worldwide have not received routine immunization for toddlers. Coverage of basic childhood immunizations increased from 5 % to nearly 80 % worldwide. At least 2.7 million deaths from measles, neonatal tetanus, and

pertussis, and 200,000 are paralyzed from preventable polio yearly. Vaccination against seven diseases has been recommended by EPI (Expanded Program on Immunization) as routine immunization in developing countries: BCG, DPT, Polio, Measles, and Hepatitis B (UNICEF, 2020).

Indonesia was one of the priority countries identified by UNICEF to accelerate the 100 % vaccination target. In 2020 the coverage of complete basic immunization nationally was 83.3%. Complete basic immunization coverage in 2020 is the lowest full basic immunization coverage in the 2011-2020 period. Indonesia ranks third in the world for child immunization after India and Pakistan, and there are around 23 million children worldwide who have not received basic vaccinations or other vaccines (UNICEF, 2020).

The government has made various efforts to increase immunization coverage, such as creating the National Child Immunization Month program, the immunization development program, the UCI program with a 100 % target, and working with other cross-sectors to ensure access to immunization services, ensuring the availability of vaccines, train health workers and efforts to increase public knowledge, especially mothers through the media and public service advertisements as well as family approaches (Kemenkes RI, 2018).

An overview of basic immunization coverage in Indonesia from 2016 to 2020, namely 91.58% in 2016, 85.41% in 2017, 57.95% in 2018, 93% in 2019, and 83.3% in 2020. This figure needs to reach the 2020 Strategic Plan target of 92.9%. Complete basic immunization coverage in 2020 is the lowest complete basic immunization coverage in the 2011-2020 period. In Indonesia, every baby aged 0-11 months is recommended to get full basic immunization. Meanwhile, by province, only 15 regions have reached the target; of the 15 areas, North Sumatra province still has yet to reach the target, namely 85.17 % (Kemenkes RI, 2020).

The 2020 North Sumatra Provincial Health Office Profile data shows IDL coverage in North Sumatra Province in 2019 was 85.17% and in 2020 of 74.97% in. North Sumatra Province is not among the provinces that meet the IDL target of 93.5%. North Sumatra is one of the areas with low basic immunization coverage. One of the areas in North Sumatra, namely the City of Padangsidimpuan, has 68.04% (Dinkes Sumut, 2020).

According to the 2020 Profile of the Padangsidimpuan City Health Office, IDL coverage in Padangsidimpuan City was 80.54% in 2019, while the 2020 IDL coverage in Padangsidimpuan City was 68.04% with HB 0 (83.4%), BCG (76.1%), DPT 2-HB 3 (76.2%), Polio 4 (73.8%) and Measles (67.6%). Padangsidimpuan City has yet to reach the target set in the Strategic Plan of 95% (Dinkes Padangsidimpuan, 2020).

Based on initial survey data, complete basic immunization in 2020 at the Sadabuan Health Center only reached 78.8%, while in 2021, it reached 86.5% with each type of immunization as follows HB 0 (76.5%), BCG (76.1%), Polio 1 (78.6%), DPT 1 (78.2%), Polio 2 (86%), DPT 2 (55.8%), Polio 3 (89.2%), DPT 3 (86.9%), Polio 4 (91.6 %), and IPV (38.7 %). Immunization coverage at the Sadabuan Public Health Center is still low and far from the immunization target set at 95%.

Based on the preliminary survey, the researchers interviewed the immunization program manager at the Sadabuan Health Center, Padangsidimpuan Utara District. According to the immunization program manager, mothers do not bring their children to complete basic immunization, so it is still below the target due to the inhibiting factor, namely stigmatization of various immunizations, ranging from sick to disabled or even dead children. Many mothers do not know about complete basic immunization, which causes mothers not to believe in the benefits of vaccination. There is no support from their husbands and the role of health workers.

Based on this description, the authors are interested and want to know more deeply about the influence of maternal characteristics (occupation and parity), youth factors (knowledge and trust), and reinforcement (husband support and support of health workers) on the provision of complete basic immunization to infants at the Sadabuan Health Center.

METHODS

The type of research used in this research is analytical observational research with a quantitative approach. This research was conducted with a case-control study research design. This research was conducted at the Sadabuan Health Center. The reason for choosing this location is because, based on an initial survey, it found that complete basic immunization coverage for infants was still low, with a prevalence rate of 86.5%. This research was conducted from June 2022 to January 2023. The population in this study were all mothers who had babies who received incomplete basic immunization and complete basic immunization at the Sadabuan Health Center as many as 702 babies. The sample in this study was 148 people, consisting of 74 case samples and 74 control samples. The sampling technique used purposive sampling.

Case and Control inclusion criteria:

1. Mothers who have babies aged 12-18.
2. Have a complete MCH handbook and be active in posyandu activities.
3. The mother is willing to be a respondent.

The instrument in this study used a questionnaire that the researcher had prepared. Data collection with primary data was carried out by distributing questionnaires which were carried out through interviews.

Data analysis with univariate, bivariate, and multivariate analysis. Univariate analysis with descriptive, bivariate analysis with chi-square test, and multivariate analysis with multiple logistic regression tests processed with the help of computer software SPSS version 20.

RESULTS

Description of the frequency distribution of respondents according to the category of complete basic immunization at the Sadabuan Health Center. Then the variables analyzed univariately can be seen in Table. One below:

Table 1. Description of the frequency distribution of respondents according to the category of Complete Basic Immunization at the Sadabuan Health Center

Provision of Complete Basic Immunization	Complete Basic Immunization			
	Case		Control	
	n	%	n	%
Complete + appropriate time	0	0	74	100
Complete, but the time does not match	22	29,7	0	0
Incomplete	52	70,3	0	0
Total	**74**	**100**	**74**	**100**

Based on Table 1. It was found that complete basic immunization for infants was categorized into 2, namely comprehensive and incomplete. Complete basic immunization saw from the KMS card that the mother showed during the research. The results showed that the majority of the case group, namely 52 people (70.3%), needed to provide complete basic immunization. The minority, namely 22 people (29.7%), provided complete basic immunization, but the timing was inappropriate. While the control group, namely 74 people (100%), gave full basic immunization.

Description of the frequency distribution of respondents. This analysis is used to obtain an overview of each independent variable, so the variables analyzed univariately can be seen in Table 2 below:

Table 2. Distribution and frequency of maternal characteristics, facilitating and strengthening factors for giving complete basic immunization to infants at the Sadabuan Health Center

Variable	Complete Basic Immunization			
	Case		Control	
	n	%	n	%
Work				
Work	37	50	36	48,6
Doesn't work	37	50	38	51,4
Total	**74**	**100**	**74**	**100**
Parity				
Primira	26	35,1	22	29,7
Skundipir	24	32,4	23	31,1
Multipyra	20	27,1	20	27
Grendmultipyra	4	5,4	9	12,2
Total	**74**	**100**	**74**	**100**
Knowledge				
Good	68	91,9	73	98,6
Not enough	6	8,1	1	1,4
Total	**74**	**100**	**74**	**100**
Trust				
Good	43	58,1	48	64,9
Not enough	31	41,9	26	35,1
Total	**74**	**100**	**74**	**100**
Husband Support				
Good	35	47,3	69	93,2
Not enough	39	52,7	5	6,8
Total	**74**	**100**	**74**	**100**
Health Workers Support				
Good	64	86,5	73	98,6
Not enough	10	13,5	1	1,4
Total	**74**	**100**	**74**	**100**

Based on Table 2. The study results show that the mothers' occupations are the same in the case group, namely 37 people (50%) working mothers and non-working mothers. In the control group, the majority of mothers did not work, namely 38 people (51.4%), and the minority control group of working mothers, namely 36 people (48.6 %). The results of maternal parity in the case group were the majority of mothers with Primira parity, namely 26 people (35.1%), and the control group, the majority of mothers with skundipira parity, namely 23 people (31.1%). Mothers' knowledge in the case group, the majority of mothers with good knowledge was 68 people (91.9%), and the majority of the control group had good knowledge of 73 people (98.6%). Mothers' trust in the majority case group with good Confidence in complete basic immunization was 43 people (58.1%), and the majority control group had good Confidence in full basic immunization as many as 48 people (64.9%). Husband support in most case groups had less husband support, 39 people (52.7%), and the majority control group had

husband support, 69 people (93.2%). The majority of health worker support in the case group had the good category of health worker support, namely 64 people (86.5%). In the control group, the majority had good health worker support, namely 73 people (98.6%).

Bivariate analysis in this study was to look at factors related to the administration of complete basic immunization at the Sadabuan Health Center using the Chi-Square test. The test results stated that there was a statistically significant relationship if a p-value <0.05 was obtained, which can be seen in Table 3 below:

Table 3. Factors related to giving complete basic immunization to infants at the Sadabuan Health Center

Variable	Providing Immunizations Basic Complete				Total		P-*value*	OR (CI=95 %)
	Complete		Incomplete					
	n	%	n	%	N	%		
Work								
Work	38	51,4	37	50,7	75	50,7	0,869	1,056 (0,554-2,011)
Doesn't work	36	48,6	37	49,3	73	49,3		
Total	**74**	**100**	**74**	**100**	**148**	**100**		
Parity								
One child	22	29,7	26	35,1	48	32,4	0,482	0,781 (0,392-1,557)
>1 child	52	70,3	48	64,9	100	67,6		
Total	**74**	**100**	**74**	**100**	**148**	**100**		
Knowledge								
Good	73	98,6	68	91,9	141	95,3	0,042	0,155 (0,018-1,323)
Not enough	1	1,4	6	8,1	7	4,7		
Total	**74**	**100**	**74**	**100**	**148**	**100**		
Trust								
Good	48	64,9	43	58,1	91	61,5	0,398	1,331 (0,685-2.586)
Not enough	26	35,1	31	41,9	57	38,5		
Total	**74**	**100**	**74**	**100**	**148**	**100**		
Husband Support								
Good	69	93,2	35	47,3	104	70,3	0,001	15,377 (5,567-42,473
Not enough	5	6,8	39	52,7	44	29,7		
Total	**74**	**100**	**74**	**100**	**148**	**100**		
Health Workers Support								
Good	73	98,6	64	137	92,6	92,6	0,003	11,406 (1,421-91,561)
Not enough	1	1,4	10	11	7,4	7,4		
Total	**74**	**100**	**74**	**100**	**148**	**100**		

Based on Table 3. The results of the study show that there is a relationship between knowledge (p=0,042) OR=0,155, husband's support (p=0,001) OR=15,377, health worker support (p=0,003) OR=11,406, and complete basic immunization for infants.

The results also showed that there was no relationship between work (p=0,869) OR=1,056, parity (p=0,482) OR=0,781, and trust (p=0,398) OR=1,331 with complete basic immunization for infants.

Based on the results of the bivariate test that there are three variables with a p-value <0.25,

namely knowledge, husband's support, and support from health workers. This variable is included in the multivariate test. Can be seen in Table.4 below:

Table 4. Multivariate Logistic Regression Analysis for Identification of Independent Variables that Affect the Administration of Complete Basic Immunization to Infants at the Sadabuan Health Center

	Variable	B Grades	P Grades	Exp (B)	95,0 % *C.I.for Exp (B)*	
					Lower	Upper
Step 1*	Knowledge	1,718	0,150	5,572	0,536	57,868
	Husband Support	2,762	0,000	15,836	5,630	44,544
	Health Workers Support	2,391	0,032	10,920	1,228	97,097
Step 2*	Husband Support	2,752	0,000	15,667	5,599	43,844
	Health Workers Support	2,503	0,023	12,216	1,406	106.156

Based on Table 4. The results of logistic regression analysis, Obtained Exp (B) or Odds Ratio (OR) value at 95% Confidence Interval, which is between 5,599 to 43,844 so it can be concluded that mothers with good husband support about comforting will have the opportunity 15,667 times to provide complete basic pressure on their babies compared to mothers with the support of husbands who are less about restrictions.

Multiple logistic regression equation:

$$P = \frac{1}{1 + e^{-(\alpha+\beta 1X1+\beta 2X2+...\beta iXi)}}$$

$$P(X) = \frac{1}{1 + 2,7^{-(6,075 + (-2,752) + (-2,503)}}$$

$$= \frac{1}{1 + 2,7^{-(0,82)}}$$

$$= \frac{1}{1 + 0,442}$$

$$= \frac{1}{1,442}$$

$$= 0,693$$

Thus the magnitude of the influence of knowledge, husband's support, and support from health workers on the provision of complete basic immunization is 0.693 x 100 % = 69.3%.

DISCUSSION

a. The Effect of Occupation on the Provision of Complete Basic Immunization to Babies at the Sadabuan Health Center

Based on the results of the multivariate statistical test study with multiple logistic regression tests, it was found that work did not affect the provision of complete basic immunization to infants, with a p-value of 0.869 > 0.05, an Exp (B) value of 1,056 was obtained at a 95% Confidence Interval, namely between 0,554 to 2,011.

This research is in line with the study conducted by Simamora (2021) at the Onan Ganjang Humbang Hasundutan Health Center; based on the results of his study, it was found that there was no relationship between the mother's occupation and the completeness of immunization in infants and toddlers with a p-value of 0.742. Results of research conducted by Manurung (2021) show that as many as 252 people (93.3%) did not work, and 18 people worked (6.7%), with p = 0.454, where p>0.05, which means there is no significant relationship between work and the level of participation mothers of toddlers to posyandu. In line with Misrina (2018) research shows that p = 0.146> 0.05, meaning that there is no significant influence between work on the behavior of mothers receiving basic immunization of toddlers 1-2 years in the work area of the Kuta Blang Health Center, Bireuen Regency in 2017.

Working mothers spend more time working than immunizing their children. This happens because mothers think that immunization can be done at another time, considering that posyandu is held every month. Hence, mothers prefer to do their work rather than bring their children for immunizations. It can be seen that the respondents who work are mothers who have babies who are not fully immunized. Meanwhile, there are still many respondents who are only housewives with a lot of free time to pay attention to their children's health who still need to fully immunize their babies. This can be seen from the need for more time given by mothers to care for and bring their children to visit the posyandu because time will run out to complete all the work. This is also based on the fact that mothers still have little knowledge about the importance of giving complete immunization.

b. The Effect of Parity on the Provision of Complete Basic Immunization to Infants at the Sadabuan Health Center

Based on the results of a multivariate statistical test study with multiple logistic regression tests, it was found that parity had no effect on giving complete basic training to infants, the parity variable had a p value of 0.482 > 0.05, an Exp (B) value of 0,781 was obtained at a Confidence Interval of 95 % which is between 0,392 to 1,557.

Parity is the number of living children ever born to a mother. Parity levels have attracted the attention of researchers in the maternal and child health relationship. It is said that mothers with low parity tend to be better than those with high parity. This theory is not in line with research results which show that there is no influence of mothers with low or high parity on complete basic immunization (Hidayat, 2008).

Many mothers say that children who are immunized and children who are not immunized are equally healthy, so mothers feel that there is no point in giving immunizations to babies. That's why many mothers don't immunize their babies; they say their children will be fussy and sick after immunization, making it a hassle for mothers to take care of their babies.

This research aligns with a study conducted by Utami (2021) obtained, namely p = value 0.249, that there is no relationship between maternal parity and the completeness of basic immunization in infants. in line with Yusnita. dkk (2021) , the results of the statistical test study obtained a value of p = 0.180, it can be concluded that there is no significant relationship between parity and complete basic immunization.

Mothers with many children tend not to have time to care for themselves, maintain their health, and not focus on giving love to their toddlers. So that it will disrupt the growth and development of children because the mother's role in taking care of children greatly determines the growth and development of children. This can also have an impact on the reproductive health of the mother. Therefore mothers are encouraged to do family planning so that the norm for a small happy, and healthy family can be realized. After going to the field, it was found that even though the respondent had more than one child, not all of them had complete immunization statuses. This was obtained from the acknowledgment of the respondent, who stated that the child's previous immunization history was also the same; that is, it was incomplete.

c. The Effect of Knowledge on Giving Complete Basic Immunization to Infants at the Sadabuan Health Center

Based on the results of a multivariate statistical test with multiple logistic regression tests, it was obtained the result that knowledge affects the provision of complete basic immunization in infants with a p value of 0.042 <0.05 obtained an Exp (B) or Odds Ratio (OR) value of 6,441 at a 95% Confidence Interval, namely between 0,756 to 54,890 so that it can be concluded that mothers with good knowledge about immunization will have as many as 6,441 times the opportunity to give complete basic immunization to their babies compared to mothers who are less knowledgeable about immunization.

The results of the research conducted at the Sadabuan Health Center found that mothers had good knowledge of complete basic immunization. Many mothers know about immunization scheduling; they think immunizations can be given according to a predetermined time. For example, they are giving HB-0, which must be given after birth. Besides that, mothers also know that the mandatory immunization is ten times, namely one time BCG, three times DPT, one time HB, four times polio, and 1-time measles. They know that giving polio immunization by mouth and immunization can increase the baby's immunity and prevent defects and infant death.

This study's results align with Erwani's (2022) research, which states a significant relationship exists between a mother's knowledge and complete basic immunization with a p-value=0.022. The more information parents receive about the importance of immunization, the more parents' desire to immunize their children will increase. This study is in line with the survey results by Dillyana (2019), where the Fisher's Exact test results show that p-value = 0.001<0.05, then Ho is accepted so that there is a relationship between the mother's knowledge and completeness of basic immunization status. In line with Triana's research (2016), the knowledge variable statistics obtained a p-value of 0.007 (p-value <0.05), meaning that there is a significant relationship between parental knowledge and complete basic immunization in infants.

Increasing health knowledge will determine whether a person behaves well in maintaining health and preventing disease. Efforts that might be made to increase knowledge are health promotion by disseminating information about immunization at the Sadabuan Health Center. Increasing mothers' knowledge about basic immunization as a prevention effort will foster positive behavior in implementing the immunization program.

d. The Effect of Trust on Giving Complete Basic Immunization to Babies at the Sadabuan Health Center

Based on the results of a multivariate statistical test study with multiple logistic regression tests, it was found that trust had no effect on giving complete basic immunization to infants with a p value of 0,398 > 0.05, an Exp value (B) or Odds Ratio (OR) of 1,331 was obtained for Confidence The 95% interval is between 0,685 to 2,586.

This is to research by Harlan (2019) regarding the implementation of the complete basic immunization program at the Kalangan Health Center, Pandan Subdistrict, Central Tapanuli Regency; it is known that many mothers do not bring their babies to the Posyandu because there is still a lack of knowledge about the benefits of complete basic immunization and some believe that infant immunization is haram.

This is also in line with research by Hudhah & Hidajah (2018), namely, 26.4% of mothers do not trust the immunization program because the child becomes sick after immunization. Giving immunizations makes the mother feel afraid that the child will have a fever after immunization, so the child is not taken to the hospital. In line with Mauidhah's (2021) research where on factors Respondents' individual perceptions are categorized have less perception that is 53.8% of breastfeeding.

Mothers' belief in immunization greatly influences the completeness of immunization in infants. If the mindset of mothers is not changed about immunization, this can cause children to be susceptible to diseases that can be prevented by immunization; this can also have an impact on the baby's reproductive health. Mothers' beliefs about immunization must be changed quickly so children can avoid disabilities because healthy children are reflected in the mother's smart thinking.

e. The Effect of Husband's Support on Giving Complete Basic Immunization to Babies at the Sadabuan Health Center

Based on the results of a multivariate statistical test study with multiple logistic regression tests, it was found that husband's support had an effect on giving complete basic immunization to infants, with a p value of 0,001 <0,05, an Exp value (B) or Odds Ratio (OR) of 15,377 was obtained for Confidence The 95% interval is between 5,567 to 42,473. So it can be concluded that mothers who receive husband's support are 15,377 times more likely to provide complete basic immunization to their babies compared to mothers who do not receive husband's support.

Green in Notoatmodjo stated that the family is one of the reinforcing elements in determining a person's behavior in utilizing health facilities. This theory is in line with the results of research conducted by researchers that there is an influence of the husband's support on the mother's behavior in utilizing health facilities; it is known that many mothers immunize their babies with the help of their husbands (Haris, 2018).

This research is in line with the analysis of Sari (2018) The results show a relationship between family support and immunization against measles in infants, p-value = 0.000; this means that mothers who receive support from their husbands in administering immunizations are compared to mothers who do not receive support from their husbands. The husband's support for the mother in administering immunizations is taking the mother to the place of immunization services and providing funds if the mother gives immunizations at the doctor's office. In line with Johan's research (2018), it shows that there is a significant relationship between husband support and the provision of measles

immunization to babies in the Johan Pahlawan Health Center work area with a probability value (p) = 0.001< 0.05.

From the results of the study, researchers assumed that there was a relationship between the husband's support and complete basic immunization. This is because the husband's support is the closest person who always gives encouragement and motivation to do things that lead to positive things. Husband's support is very important in helping mothers decide to take action regarding their babies' immunization. In this study, respondents who received good immunization support from their husbands carried out more complete basic immunizations because husbands' support motivated and supported their wives to provide full basic immunization to their babies to prevent diseases such as polio, tuberculosis, measles, tetanus, whooping cough, diphtheria, hepatitis B, pneumonia and meningitis, on the other hand, who received the support of their husband but did not complete basic immunization for their baby because his wife thought that complete immunization did not guarantee that the baby would be healthy.

f. The Effect of Health Worker Support on Providing Complete Basic Immunization to Infants at the Sadabuan Health Center

Based on the results of a multivariate statistical test study with multiple logistic regression tests, it was found that the support of health workers had an effect on giving complete basic immunization to infants, with a p value of 0,003 <0.05, an Exp value (B) or Odds Ratio (OR) of 11,406 was obtained in The 95% Confidence Interval is between 1,421 to 91,561. So it can be concluded that mothers who receive support from health workers are 11,406 times more likely to provide complete basic immunization to their babies compared to mothers who receive less support from health workers.

This research is in line with research Sari (2022) showed that of the 48 respondents who had a good role as officers, 77.1% had a relationship between the support of health workers and the completeness of complete basic immunization in infants. This research is in line with the study of Syukri (2020). Counseling from health workers affects parents' attitudes toward giving full basic immunization to infants. In line with Hafid (2016) simple logistic regression analysis research shows that the support of health workers has a significant influence on the completeness status of basic immunization in infants with a value of p=0.012 > 0.05

Based on the research results, according to assumptions in the field, some mothers have attended complete basic immunization counseling, but some mothers have never heard. The mother did not participate in counseling because she did not have time or receive prior

information. In principle, immunization officers have shown a friendly and polite attitude in providing counseling. Even health workers go directly to residents' homes to offer immunization counseling. Therefore it is suggested that health workers provide direction/encouragement to parents, especially mothers, to change negative assumptions about immunization by conducting routine counseling; this counseling is prioritized for mothers who do not provide complete basic immunization to their babies so that they provide full immunization, on their next child. The health workers even invited the cadres to go door to door to convince mothers further to want to bring their babies to be immunized.

CONCLUSION

The conclusions of this study are:

1. The results of the study show that there is a relationship between knowledge (p=0.042), husband's support (p=0.001), health worker support (p=0.003), and complete basic immunization for infants.
2. The results of the study also showed that there was no relationship between work (p=0.869), parity (p=0.482), and trust (p=0.398) with complete basic immunization for infants.
3. There is an influence of knowledge, husband's support, and health worker support on complete basic immunization, which is 0.693 x 100 % = 69.3%.

SUGGESTION

The suggestions for this research are:

1. There is an effect of knowledge on giving complete basic immunization to infants at the Sadabuan Health Center with a p value = 0.042 <0.05, the value of Exp (B) Odds Ratio (OR) = 6.411 is obtained. Mothers with good knowledge about immunization will have as many as 6,441 opportunities to give complete basic immunization to their babies compared to mothers who are less knowledgeable about immunization.
2. There is an effect of husband's support on giving complete basic immunization to infants at the Sadabuan Health Center with a p value = 0.001 <0.05 obtained an Exp value (B) or Odds Ratio (OR) of 15.377. Mothers who receive husband's support are 15.377 times more likely to provide complete basic immunization to their babies than mothers who receive less support from their husbands.
3. The support of health workers influences the provision of complete basic immunization to infants at the Sadabuan Health Center, with a p value of 0.003 <0.05, an Exp (B) or Odds

Ratio (OR) value of 11.406 is obtained. Mothers who receive support from health personnel are 11.406 times more likely to provide complete basic immunization to their babies compared to mothers who receive less support from health personnel.

4. There is no effect on the characteristics of the mother (occupation and parity) on the provision of complete basic immunization to infants at the Sadabuan Health Center.
5. There is no influence of the facilitation factor (trust) on the provision of complete basic immunization to infants at the Sadabuan Health Center.

It is recommended for Health Workers to provide counseling on complete basic immunization which is inviting to increase knowledge and influence mothers to provide complete basic immunization to their babies and conduct outreach to the community through community leaders/religious leaders. And it is hoped that the Head of the Sadabuan Health Center will coordinate the village midwife to carry out home visits and approaches so that mothers want to immunize their babies and carry out posyandu revitalization.

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